

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	3		/			
5			/			
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TOTAL IND.			24			
TOTAL DEP.			25			
TOTAL CLAIMS			29			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.				↓				↓
TOTAL DEP.				↓				↓
TOTAL CLAIMS				↓				↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Co.